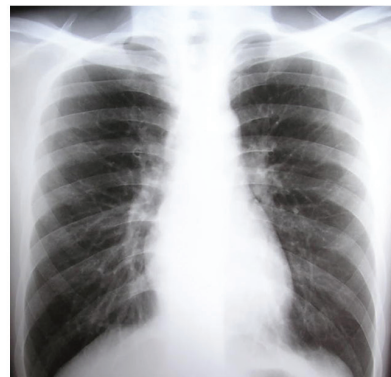


RESPIRATORY CARE BOARD OF CALIFORNIA

2008 strategic plan



MAY 2008



respiratory care board of california

2008 strategic plan

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BREATHING IN I CALM MY BODY.
BREATHING OUT I SMILE. DWELLING
IN THE PRESENT MOMENT, I KNOW
THIS IS A WONDERFUL MOMENT!

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2008 strategic plan

I INTRODUCTION

Respiratory care provides relief to millions of Americans who have difficulty breathing or cannot sustain the act of breathing on their own. To protect public health, safety, and welfare, all those who treat people with impaired or non-functioning lungs must be licensed to ensure they are qualified to practice respiratory care. These Respiratory Care Practitioners (RCPs) are one of three licensed health care professionals who most often work at patient's bedsides, with the other two being physicians and registered nurses.

Respiratory Care Practitioners treat patients with chronic lung problems, such as asthma, bronchitis, and emphysema, but also heart attack and accident victims, premature infants, and people with cystic fibrosis, lung cancer, or AIDS. In each case, the patient will most likely receive treatment from a respiratory therapist under the direction of a physician. RCPs work with patients of all ages and in many different care settings. Although most respiratory therapists work in hospitals, an

increasing number also work in skilled nursing facilities, physician's offices, home health agencies, specialized care hospitals, medical equipment supply companies, and in patient's homes.

The mandate of the Respiratory Care Board (RCB) is to protect and serve the consumer by administering and enforcing the Respiratory Care Practice Act and its regulations in the interest of the safe practice of respiratory care. Licensed Respiratory Care Practitioners (RCPs) regularly perform critical lifesaving and life support procedures prescribed by physicians that directly affect major organs of the body.

The enabling statute to license RCPs was signed into law in 1982, thus establishing the Respiratory Care Examining Committee. In 1994 the name was changed to Respiratory Care Board of California. The Board was the eighth allied health profession created within the jurisdiction of the Medical Board of California (MBC).

The first RCP license was issued in 1985. Since that time, more than 26,000 RCP licenses have been issued

in the State of California. Before issuing an RCP license, the Board ensures that applicants meet the minimum education and competency standards and conducts a thorough background check of each applicant. These steps are performed in accordance with the Board's mandate to protect the public from unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care.

RCB is one of the boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), which is part of the State and Consumer Services Agency under the aegis of the Governor. DCA is responsible for consumer protection and representation through the regulation of licensed professions and the provision of consumer services. While DCA provides administrative oversight and support services, the RCB has policy autonomy and sets its own policies, procedures, and regulations.

The RCB is composed of nine members: four public, four Respiratory Care Practitioners, and one physician and surgeon. Two of the public members and one of the Respiratory Care Practitioners are appointed by the Governor. In addition, the Speaker of the Assembly appoints one public member and two Respiratory Care Practitioners, while

the Senate Rules Committee appoints one public member, one Respiratory Care Practitioner, and one physician and surgeon. Board members may serve up to two four-year terms.

II BACKGROUND ON STRATEGIC PLANNING

The RCB takes an active role in planning its future to meet the changing demands created by an aging population, advancements in medical technology, and an evolving health care environment. Like other regulatory agencies, the RCB must be responsive to the public interest while working within resource constraints.

The RCB first convened a special meeting of its members and senior staff in 1997 to conduct a strategic planning process for the organization. The RCB spent the next several months refining the plan and developing an action plan to implement the goals the organization had identified as central to meeting its mission and vision. The RCB reviews and amends the plan periodically and the RCB Executive Committee monitors plan implementation on a regular basis.

In each subsequent year, the RCB has reviewed and updated the strategic plan in response to changing conditions, needs, and priorities. At each session, the Board reviews progress on objectives

over the previous year, updates the environmental scan in response to changing economic and technological climates, reviews its mission and values statements, and strategizes to meet the challenges of the coming year.

The RCB's committees and task forces are charged with developing detailed descriptions of the key strategies used to implement each objective.

Results from the recently completed the RCB Workforce Study were drawn upon to help develop the 2008 Strategic Plan. Following preliminary individual interviews with RCB members and other key stakeholders to identify issues and objectives, Board members and senior staff met together for a strategic planning session on March 14, 2008. During this session, participants discussed current trends and the challenges and opportunities these were creating for the respiratory care profession and the RCB organization. This environmental scan provided a basis for reviewing the RCB vision, mission, and goals, the latter of which were expanded and re-framed to better clarify and rationalize strategic and operational objectives, timelines, and responsibilities.

This new RCB strategic plan will be updated periodically.

III RECENT ACCOMPLISHMENTS

In developing its strategic plan, the RCB reviews past accomplishments and assesses the trends significantly impacting the field of respiratory therapy in general and the RCB's mission in particular.

Among its most recent accomplishments:

- The Board has captured the attention of stakeholders and brought awareness to the need for licensing polysomnographic technologists. The Board secured an author for its proposed legislation for licensure, and another piece of legislation sponsored by the sleep association was also introduced.
- The Board expanded its consumer education and public outreach efforts, including several new publications developed for distribution including: "Respiratory Care: A Medical Career Giving A Breath of Life," "What You Should Know About Your Respiratory Home Care Provider," and "Unlicensed Practice Alert."
- The Board educated 2,214 licensed Home Medical Device Retailer Facilities in California on the Board's new regulations which clearly delineated what is and is not the unlicensed practice of respiratory care as it relates to home care.
- The number of applications for licensure increased from 397 in Fiscal Year (FY) 2000/01 to an all-time high of 1,283 in FY 2006/07.

- The Board's practitioner "Workforce Study" was completed in 2007. It provides information relevant to current and future workforce needs.
- The Board saved resources by modifying its petition process (through SB 229), reducing expenditures from an average of \$22.5K to \$5K a year and processing times from an average of six months to 30 days.
- The Board continued to publish its biannual newsletter, "Breathing Matters," established an e-mail subscription feature which allows interested parties to receive updates, notices, and special bulletins from the Board, and redesigned its Web site to make navigation of the site easier.
- The uncertain impact of government-administered health care on RCPs and patient care.
- Declining patient satisfaction due to rising health care costs, declining accessibility to health care, and growing concerns about health care outcomes.
- An aging population creating longer-lived, patients experiencing a wider range of diseases that require more sophisticated treatment by Respiratory Care Practitioners.
- More web-influenced, medically knowledgeable patients creating opportunities for positive interactions with all medical caregivers, including RCPs.
- Some RCP educational programs are failing to keep up with the growing demand for more RCP graduates or ensuring the quality of those graduates. New graduates require more orientation and training.
- RCP schools are not providing consistent training in all areas, including satisfying clinical time requirements. Many courses are "teaching to the test" rather than fully preparing students to function effectively in a demanding health care environment.
- The emergence of new tasks performed by RCPs, such as ultrasound and drug administration, is raising concerns about whether and how to modify educational and licensing requirements.

IV TRENDS IN THE RCB'S EXTERNAL ENVIRONMENT

Trends impacting the respiratory care profession and the Board's mandate identified at the strategic planning session include:

- An aging workforce population of Respiratory Care Practitioners, whose acquired knowledge and expertise may be a challenge to transfer to those now entering the profession.
- A looming shortage of qualified, trained Respiratory Care Practitioners, as those entering the RCP profession are too few to replace those now leaving, even as demand for RCPs continues to grow.

- A shortage of qualified RCPs to provide treatment in the growing home health care market, and, as demand continues to expand, how best to ensure quality respiratory care therapy in this environment.
- A growing need to prepare for mass casualty medicine, including a need for liability protection agreements with other states.
- Advances in information technology, including improved access to patient history and outcomes, are changing the flow of information and with it the care and treatment of patients.
- Utilizing results from the Workforce Study to redefine respiratory care program accreditation requirements and standards.
- Addressing low student graduation rates at RCP professional schools.
- Requiring progression from CRT to RRT within three years of licensure.
- Expanding the capacity of the profession by increasing the number of accredited respiratory care programs.
- Keeping pace with new science and technology.
- Establishing continuing education requirements including professional ethics training and the need to address outdated experience among older RCPs.
- Keeping RCP licensure requirements current with the latest science, technology and other medical advancements.
- Increasing educational requirements for Respiratory Care Practitioners.

V KEY STRATEGIC ISSUES

A number of issues were identified by the RCB in the areas of education, experience, and the current supply of Respiratory Care Practitioners, while discussing the external environment. The RCB recognizes that these broader issues are interrelated and require attention. The RCB has identified five specific key issues facing the organization: professional qualifications; enforcement; practice standards; outreach; and organizational effectiveness. The RCB determined the details of each issue and methods by which it may address each of them.

PROFESSIONAL QUALIFICATIONS

- Elevating the status of Respiratory Care Practitioners is an overall issue that impacts all others, including the need to expand the RCP workforce to meet growing demand for qualified practitioners.

ENFORCEMENT

- Protecting the public against unlicensed respiratory care practice in the areas of home health care, polysomnography, pulmonary function therapy, LVNs and registry/traveling RCPs.
- Balancing proper control and enforcement without overreaching.
- Addressing the need for revising (disciplinary) guidelines.
- Establishing alternative disciplinary actions to fit the nature and severity of the violation, including a harder

path with tougher penalties for acts resulting in serious patient harm/death.

- Establishing procedures and protocols for what must happen if an RCP's patient dies.
- Being constrained in what actions the Board can take as a result of legal requirements and other factors.

PRACTICE STANDARDS

- Developing provisions for emergency situations.
- Receiving reimbursement for various procedures.

OUTREACH

- Responding to lack of consumer awareness about the role of the Respiratory Care Practitioner and their required professional skills.
- Informing licensees of concurrent therapy industry standards.
- Promoting the value of collaboration with allied health care professions, including partnerships with registered nurses.
- Improving the relationship with the American Academy of Sleep Medicine.
- Building on the promotional value of the recent 25-year anniversary of the RCB.
- Expanding outreach to community groups, schools and other organizations, such as the American Association of Retired Persons.

ORGANIZATIONAL EFFECTIVENESS

- Establishing an easier path with respect to fees and license renewals for those in compliance.
- Making more effective use of the Internet.
- Working with the Department of Consumer Affairs on public education, eLicensing, licensees as ambassadors, etc.

VI MISSION

The Respiratory Care Board's mission is to protect and serve the consumer by enforcing the Respiratory Care Practice Act and its regulations, expanding the delivery and availability of services, increasing public awareness of respiratory care as a profession, and supporting the development and education of all Respiratory Care Practitioners.

VII VISION

The vision of the Respiratory Care Board of California is that all California consumers are aware of the Respiratory Care profession and its licensing Board, its mission and mandate, and that every person treated by a Respiratory Care Practitioner in California, receives the most competent and qualified care available in the world.

VIII VALUES AND PRINCIPLES

Integrity

Possession of the morals and values to make ethical decisions consistent with the Board's mandate and mission without consideration of self interest.

Respect

Sincere recognition of and consideration for the humanity and individuality of all stakeholders.

Dignity

Conducting business honorably without compromise to the Board or individual values.

Honesty

Communicate with credibility and truthfulness to gain and maintain stakeholder's confidence.

Quality

Strive for superior service and products and meaningful actions in serving stakeholders.

Flexibility

Provide sincere considerations of other interests, factors, and conditions and be willing and/or able to modify previous positions for the betterment of the Board and its mandate and mission.

Teamwork

Strive to work cooperatively and in a

positive manner to reach common goals and objectives.

Individual Growth

Strive to continually excel and learn both personally and professionally.

Efficiency

Continually improve our system of service delivery through innovation, effective communications, and development, while mindful of the time, costs, and expectations stakeholders have invested.

IX GOALS

RCB has established five goals which provide the framework for the results it wants to achieve in furtherance of its mission.

PROFESSIONAL QUALIFICATIONS

Ensure the professional qualifications of all Respiratory Care Practitioners by setting requirements for education, experience, and examinations.

ENFORCEMENT

Protect consumers by preventing violations and effectively enforcing laws, codes, and standards when violations occur.

PRACTICE STANDARDS

Establish regulatory standards for respiratory care practice in California.

OUTREACH

Increase public and professional awareness of the RCB’s mission, activities, and services.

ORGANIZATIONAL EFFECTIVENESS

Enhance organizational effectiveness and improve the quality of customer service in all programs.

X ORGANIZATIONAL CHART



XI ACTION PLAN

The Action Plan is a dynamic framework for the many activities the RCB performs in promoting and meeting its goals. The goals and objectives are assigned to committees, subcommittees, task forces, staff, or individuals as appropriate who create more detailed action plans in order to meet the goals and objectives set by the RCB.

Professional Qualifications	12
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PROFESSIONAL QUALIFICATIONS

GOAL: Ensure the professional qualifications of all Respiratory Care Practitioners by setting requirements for education, experience, and examinations.

ONGOING RESPONSIBILITIES	LEAD RESPONSIBILITY
Elevate the status of Respiratory Care Practitioners as an overall issue that impacts all others, including the need to expand the RCP workforce to meet growing demand for qualified practitioners.	Full Board
Encourage the development and capacity of accredited respiratory care programs to match demand.	Education Committee
Keep pace with new science and technology.	Education Committee
Keep RCP licensure requirements up-to-date with the latest science, technology, and other medical environments.	Education Committee

OBJECTIVES	LEAD RESPONSIBILITY	TARGET DATE
I.1 Assess feasibility of moving from CRT to RRT.	Full Board	Nov. 2010
I.2 Determine if publishing RCP school pass rates makes sense and review best methods of doing so.	Education Committee	Mar. 2009
I.3 Review ethics course requirements and update as necessary.	Staff	June 2010
I.4 Work with Committee on Accreditation for Respiratory Care (COARC) to review program accreditation requirements and make recommendations as appropriate.	Education Committee	Mar. 2010
I.4 Study feasibility of establishing standards for clinical training.	Education Committee	Jan. 2011

ENFORCEMENT

GOAL: Protect consumers by preventing violations and effectively enforcing laws and regulations when violations occur.

ONGOING RESPONSIBILITIES	LEAD RESPONSIBILITY
Protect the public against unlicensed respiratory care practice.	Full Board
Strengthen regulatory controls to prevent unlicensed and/or unqualified personnel from performing respiratory care illegally and increase public awareness of these issues.	Enforcement Committee
Balance proper control and enforcement without overreaching.	Enforcement Committee
Monitor continuing education violations and report results.	Staff

OBJECTIVES	LEAD RESPONSIBILITY	TARGET DATE
2.1 Prevent unlicensed and/or unqualified persons from performing respiratory care services.	Enforcement Committee	Jan. 2010
2.2 Strengthen the means to enforce mandatory reporting among agencies employing traveling, registry, or temporary Respiratory Care Practitioners.	Enforcement Committee	Jan. 2011
2.3 Review and update disciplinary guidelines.	Enforcement Committee	Jan. 2011

PRACTICE STANDARDS

GOAL: Establish emergency response standards for respiratory care practice in California.

OBJECTIVES	LEAD RESPONSIBILITY	TARGET DATE
3.1 Review practice issues in emergency situations and make recommendations for improved procedures. <ul style="list-style-type: none"> • Include training for LTV 1200 machines. 	Emergency Response Support Committee	June 2009

OUTREACH

GOAL: Increase public and professional awareness of the RCB's mission, activities, and services.

ONGOING RESPONSIBILITIES	LEAD RESPONSIBILITY
Respond to lack of consumer awareness about the role of the Respiratory Care Practitioner and their required professional skills.	Outreach Committee
Promote the value of collaboration with allied health care professions, including partnerships with registered nurses.	Outreach Committee
Increase, improve and address communications with caregivers regarding mandatory reporting requirements.	Outreach Committee
Develop and disseminate respiratory care information at public events and to groups.	Outreach Committee

OUTREACH (continued)

ONGOING RESPONSIBILITIES	LEAD RESPONSIBILITY
Increase the number of active licensees commensurate with the healthcare needs of California consumers.	Outreach Committee
Update and disseminate career outreach and public announcement materials and purchase items to draw attention to Board participation at public events, as well as to targeted groups.	Outreach Committee
Support Department of Consumer Affairs efforts regards to public outreach and licensing.	Outreach Committee

OBJECTIVES	LEAD RESPONSIBILITY	TARGET DATE
4.1 Inform Respiratory Care Practitioners about proper protocol for concurrent therapy.	Staff	Nov. 2008
4.2 Use 25-year RCB anniversary as public outreach springboard and develop media plan; include communications group outreach such as AARP, etc. <ul style="list-style-type: none"> Promote RCP as a career choice. 	Staff/Outreach Committee	Jan. 2010

ORGANIZATIONAL EFFECTIVENESS

GOAL: Enhance organizational effectiveness and improve processes and the quality of customer service in all programs.

ONGOING RESPONSIBILITIES	LEAD RESPONSIBILITY
Enhance staff orientation and succession planning.	Staff

OBJECTIVES	LEAD RESPONSIBILITY	TARGET DATE
5.1 Begin accepting alternative payment methods (i.e., credit cards) for all fee types, and reduce processing times for license renewals.	Staff	Dec. 2010
5.2 Implement new Board orientation program and assist Board in succession planning.	Staff	June 2009
5.3 Align Board committees with strategic plan priorities.	Staff	Nov. 2008
5.4 Review terms, conditions, and requirements under which hearings for Respiratory Care Practitioners are brought before the Board.	Staff	Mar. 2009

XII PERFORMANCE MEASURES

The Respiratory Care Board (RCB) measures its performance by the: (i) competence of the Respiratory Care Practitioners it licenses; (ii) supply of qualified respiratory care specialists; and (iii) quality of RCB staff services.

I. COMPETENCE OF RESPIRATORY CARE THERAPISTS

Respiratory Care Therapists are expected to possess certain knowledge, skills, and abilities. Physicians and patients (consumers and clients) desire respiratory care services to be delivered by well-qualified therapists. These are the qualities a Respiratory Care Practitioner should possess to meet those expectations. The RCB's role is to focus on those areas that directly impact public health, safety, and welfare.

Technical Expertise

- Respiratory care therapeutic procedures and protocols.
- Operation of equipment.

Ethical Performance

- Adherence to rules of conduct and appropriate behavior.
- Respect for patient rights.

Communication Skills

- Ability to interact with patients, physicians, and other medical personnel in a professional manner.

The RCB can utilize the following methods and benchmarks to measure whether it is improving the competence of California Respiratory Care Practitioners:

- Number and type of complaints.
- Surveys of employers of Respiratory Care Practitioners.
- Surveys of respiratory care educational program directors.

2. SUPPLY OF QUALIFIED RESPIRATORY CARE THERAPISTS

The RCB ensures that consumers have access to a pool of qualified Respiratory Care Practitioners. The RCB protects the public's health, safety, and welfare while being careful not to over-regulate the marketplace. The RCB conducts outreach programs to inform both consumers and potential professional therapists about the role, function and value of the licensed Respiratory Care Practitioner.

The following methods and benchmarks can provide a basis to measure the RCB's performance:

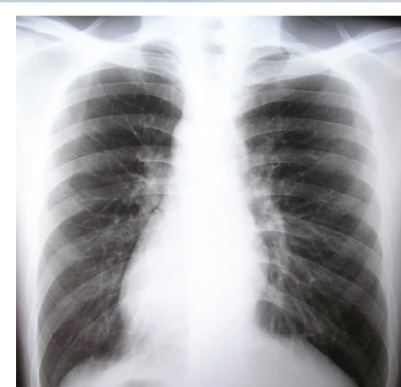
- Number of qualified Respiratory Care Practitioners in California.
- Comparison with other states (per capita, distribution, etc.).
- Comparison of exam pass rates with other states.

3. QUALITY OF RCB STAFF SERVICES

The RCB serves many constituencies. One of the RCB's goals is to enhance organizational effectiveness and improve the quality of customer service for all constituencies including licensees, license candidates, physicians and nurses, educators, allied medical professionals and members of professional associations.

The following methods and benchmarks can provide a basis to measure the RCB's performance:

- Number and type of complaints regarding RCB staff services.
- The RCB's Web site survey.
- Surveys of employers of Respiratory Care Practitioners.
- Surveys of respiratory care educational program directors.



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